



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	09/848,727
	Filing Date	May 3, 2001
	First Named Inventor	Vincent Jen-Jr Gau
	Group Art Unit	1639
	Examiner Name	Tran, My Chau T
Attorney Docket Number		GF1100

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Postcard RCE Check for \$790
Remarks _____		

Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2326. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: _____

By: _____

Phone: (760) 731-3091

Attorneys for Applicant(s)

Fax: (760) 728-1541

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail

In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: 3-2-06

Typed or printed name

TRAVIS DODD

Signature

Date

3-2-06



FEE TRANSMITTAL

Attorney Docket No.	GF1100
First Named Inventor:	Vincent Jen-Jr Gau
Application Number	09/848,727
Filing Date:	May 3, 2001
Examiner Name:	Tran, My Chau T
Group/Art Unit:	1639

TOTAL AMOUNT OF PAYMENT:	\$ 790.00
METHOD OF PAYMENT (check One)	1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: Deposit Account Name: . <input type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 770.00	\$385.00	\$ 0.00
Total Claims	32 - 50 =	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	1 - 6 =	0	X \$ 86.00	X \$ 43.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =					\$ 0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 00.00
Total of above Calculations =			\$ 00.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
RCE	\$790	\$	\$790
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3-2-06